



## TOWN OF CLARENCE

One Town Place · Clarence · New York 14031  
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Patrick Casilio  
Supervisor

Peter DiCostanzo  
Deputy Supervisor

Councilmembers:  
Peter DiCostanzo  
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(716)741-8929

### SPECIAL EVENT REQUEST FORM

**Date Applied:** \_\_\_\_\_

(Please complete this form and return it to the Supervisor's office.)

**Name/Type of Event:** \_\_\_\_\_

**Date of Special Event:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Start/End Time of Special Event:** \_\_\_\_\_

**Will any streets be blocked? If so, list and location:** \_\_\_\_\_

(Please note: If the street is a County or State Hwy. – Please attached permission from their agency for use of road).

**Number of People Expected:** \_\_\_\_\_

**Will tents be set up for this event:** \_\_\_\_\_ **Will cooking be done under the tent:** \_\_\_\_\_

**Number of Tents and sizes:** \_\_\_\_\_

**Bounce House (Y/N):** \_\_\_\_\_ **Contact the Parks Department at 741-8927 for placement of tents and bounce houses if on Town owned property.**

**Required\*** Certificate of Insurance (naming the Town of Clarence)

(A certificate of insurance naming the Town of Clarence as an additional insured is required in the event the applicant and or the intended users shall place a tent or other structure upon Town Owned property and the General Liability shall be in the amount of at least \$1,000,000.)

**Name of Person Applying:** \_\_\_\_\_

**Address of Person Applying:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**(Please attach a map/diagram)**

**We will contact you once your request is approved/denied by the Town Board.**

Patrick Casilio  
Supervisor

**Approved/Denied:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notified:** \_\_\_\_\_ (Amherst Control, Fire Company, NYS Police, EC Sheriffs, Parks or Highway, and the Applicant)

**Date faxed/notified applicant/police agencies/ fire companies:** \_\_\_\_\_

**For State or County Roads** – Also Fax to the State and or County Departments